

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 13, 1999 8:00 am**  
**Secretary of State**

04-13-1999 90058 014 \*\*\*\*61.25

**DOCUMENT # N96000001186**

1. Corporation Name

**UNITED COMMITTEE OF HOLOCAUST SURVIVORS OF LODZ  
AND VICINITY, INC.**

Principal Place of Business

1912 S OCEAN DR  
18-A TOWER 1  
HALLANDALE FL 33009  
US

Mailing Address

1912 S OCEAN DR  
18-A-1  
HALLANDALE FL 33009  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

02/28/1996

4. FEI Number

65-0822017

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

HERSKOWITZ, LEON  
1912 S OCEAN DR  
18A-1  
HALLANDALE FL 33009

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE DP  
NAME HERSKOWITZ, LEON  
STREET ADDRESS 1912 S OCEAN DR  
CITY-ST-ZIP HALLANDALE FL

TITLE DVP ☐ DELETE

NAME BLADY, ABY  
STREET ADDRESS 400 LESLEE DR  
CITY-ST-ZIP HALLANDALE FL

TITLE DS ☐ DELETE

NAME FELD, ALAN  
STREET ADDRESS 3910 INVERRARY BLVD., APT B-203  
CITY-ST-ZIP LAUDERHILL FL

TITLE TT ☐ DELETE

NAME WEISBLACK, JACK  
STREET ADDRESS 600 PARKVIEW DRIVE  
CITY-ST-ZIP HALLANDALE FL

TITLE T ☐ DELETE

NAME LEIB, JACK  
STREET ADDRESS 3101 S OCEAN DR  
CITY-ST-ZIP HOLLYWOOD FL

TITLE T ☐ DELETE

NAME HERSHKOWITZ, LARRY  
STREET ADDRESS 600 PARKVIEW DR  
CITY-ST-ZIP HALLANDALE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0022710

CDEN97 (4/08)